

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 31 / 2014		
Mailing Address PO Box 388			Amount 183.50		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : EEE80C93669D14095B96
Purpose of Expenditure IE-McDaniel-Online Processing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Christopher Brian Mcdaniel			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought			26830.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Allegiance Direct LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2014		
Mailing Address 421 E E St			Amount 18764.45		
City Purcellville		State VA	Zip Code 20132-3320		Transaction ID : EC7146B2819A74F45B15
Purpose of Expenditure IE-McDaniel-Direct Mail Production		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 04 / 2014	
Name of Federal Candidate Christopher Brian Mcdaniel			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought			45594.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18947.95		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			18947.95		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			[Electronically Filed]		Date MM / DD / YYYY 02 / 05 / 2014